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Attached Preliminary Amendment For Continued Prosecution Application File July 2, 2001. Original follows via Express Mail No. EL426887535US.

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20

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602-382-6639

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46180.4900

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	Application Number	- 1	09/224,029				
TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Filing Date First Named Inventor		2/5/2001 12-31-98			
				DiMarco			
		Group Art Unit		2841			
		Examiner Name		T. Dinh			
Total Number of Pages in This Submission	Total Number of Pages in This Submission 18		er	A62-25127-US			
	ENCLOS	URES (check all that	арріу)				
Fee Transmittal Form Fee Attached Arthendment / Response After Final Affidavits/decharation(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	(for an A Drawing Drawing Licensin Petition Provision Power of Change Termine Request CD, Nu Remarks	g-rolatisd Papers to Convert a nal Application of Attorney, Revocation of Correspondence at Disclaimer of ar Refund mber of CD(s)		After Allowance Communication In Group Appeal Communication to Board of Appeals and Interferences Appeals Communication to Group (Appeal Marice, Brief, Repty Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify Delow):			
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Signature S. Slur							
Oate 7/5/2001							
CERTIFICATE OF MAILING							
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FEE TRANSMI	ΤΤΔΙ	Complete if Known					
LEE HAVIORI		Application Number	09/224.029				
for FY 2001		Filing Date	775/2003 /2-31-98				
		First Named Inventor	DiMarco				
Patent fees are subject to annual revision.		Examiner Name	T. Dinh				
		Group Art Unit	2841				
TOTAL AMOUNT OF PAYMENT	\$80,00	Attorney Docket No.	A62-25127-US				
METHOD OF PAYMENT	T	FEE C	ALCULATION (continued)				
The Commissioner is hereby authorized indicated fees and credit any overpayment.	to charge 3.	ADDITIONAL FEES ge Entity Small Entity e Fee Fee Fee	Fee Description	Fee Paid			

METHOD OF PAYMENT				FE	E CALCULAT	ION (cont	inued)	
The Commissioner is horeby authorized to charge indicated (see and credit any overpayments to:	3. ADDITIONAL FEES Large Entity Small Entity							
Deposit	Fee	Fee	Fee Code	Fee	Fee Do	escription		Fee Paid
Account Number 19-2814	Code 105	(\$) 130	205	65	Surcharge - late fi			
Deposit Account Snell & Wilmer, LLP	127	50	227		Surcharge - late p sheet		ling fee or cover	
Name Charge Any Additional Fee Required	139	130	139		Non - English spe			!
Under 37 CFR §§ 1.15 and 1.17	147	2,520	147	2,520	For filing a reques	st for ex par	le reexaminulion	
Applicant claims small entity status. See 37 CFR § 1.27	112	920.			action		t prior to Examiner	
2. Payment Enclosed:	113	1,840*	113		Requesting public action			
Check Credit card Order Other	115	110	215		Extension for repl			
FEE CALCULATION	116	390	215		Extension for rep			
	117	890	217		Extension for rep			
BASIC FILING FEE Large Entity Small Entity	118	1,390			Extension for rep			الحصا
Fee Fee Fee Fee Description	128	1,890	228		Extension for rep	ly within fifth	month	
Code (\$) Code (\$) 101 710 201 355 Utility filing fee	119	310	219		Notice of Appeal			i
105 320 206 160 Design filing fee	120	310	220		Filing a brief in s		appeal	
107 490 207 245 Plant filing fcc	121	270			Request for oral			
108 710 208 355 Reissue filing fcc	138	1,510			Petition to institu			
114 150 214 75 Provisional filing fee	140	110	_		Petition to revive			
SUBTOTAL (1)	141	1,240	241		Petition to revive		uai	نسيا
A THE A OLA HALE COR	142	1,240	242		Utility issue fcc (
2. EXTRA CLAIM FEES	, 143	440			Design issue fee	!		
Extra Claims below Fee Pair	194				Plant Issue fee			
Total Claims 19 -20** 0 X = 0.00 Independent 4 -3** 1 X 80.00 = 80.00	122				Petitions to the C			
Claims Multiple Dependent	123				Processing fee			
Large Entity Small Entity	126	180	126	180	Submission of Ir Statement	iomation L	isclosure	
Fee Fee Fee Fee Description Code (\$) Code (\$)	581	40	581		(times number o	f properties		′ 🗀
103 18 203 9 Claims in excess of 20	146	710	248	355	Filing a submiss (37 CFR § 1.12	(9(a))		
102 80 202 40 Independent claims in excess of 3 104 270 204 135 Multiple dependent claim, if not pair	145	710	249	355	For each addition	nal inventio	n to be examined	
109 80 209 40 ** Reissuo independent daims	179	710	0 279	355	Request for Cor		nination (RCE)	
over original patent	169	900	0 165	900	Request for exp	edited exem	ination	
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	. 01	her fee	(specif	y)	of a design appl	ICETION		
SUBTOTAL (2) \$80.00][
"or number previously paid, if greater, For Reissues, see above Reduced by Basic Filing Fee Paid SUBTOTAL (3)								
SUBMITTED BY Complete (if applicable)								
Name (PrintType) Shahpar Shahpar		Regis (Attorn	tration i ey/Agen	Vo.	45,875	Telephone	602-383	-6306
Signature S. Company	Date 7/5/2001					1		

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